

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579499

FILING DATE

APPLICANT(S)

2/9/07 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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16						
17			1		1	
18						1
19						1
20						1
21						1
22						1
23						1
24						1
25			1		1	
26						1
27						1
28						1
29						1
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31						1
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33						1
34			1		1	
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48						
49						
50						
TOTAL IND.		↓	3	↓	3	↓
TOTAL DEP.		←	15	←	15	←
TOTAL CLAIMS			18		18	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						